

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0035.M5

MDR Tracking Number: M5-04-0461-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-14-03.

The IRO reviewed therapeutic procedures, office visits, range of motion measurements, therapeutic activities, and work hardening rendered from 10-16-02 through 02-17-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for therapeutic procedures, office visits, range of motion measurements, therapeutic activities, and work hardening. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-17-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component in this dispute for dates of service 12-04-02, 12-13-02, 12-18-02, 01-06-03 and 01-10-03 through 02-14-03. Therefore reimbursement is not recommended.

This Decision is hereby issued this 24th day of May 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

REVISION 3 - 5/17/04

November 26, 2003

IRO Certificate # 5259

MDR Tracking Number: M5-04-0461-01

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

Sincerely,

CLINICAL HISTORY

Patient was carrying a stack of three boxes to mail, weighing 40-50 pounds total, when one of the boxes started to slip. She went to try and catch the slipping box, and in the process, bent her wrist backwards and overstretched it. She continued working despite the pain, but eventually could not, and was referred to the company doctor who initiated 4 weeks of therapy and a return to work light-duty. At that time, she changed treating doctors to Dr. Krejci and began chiropractic care.

REQUESTED SERVICE (S)

ROM measurements, office visit/outpatient, therapeutic procedures, therapeutic activities, work hardening/conditioning from dates of service 10/16/02 through 2/17/03.

DECISION

All services through the specified date range are denied.

RATIONALE/BASIS FOR DECISION

The range of motion test (95851) on 10/16/02 is a component part of the evaluation and management code (99213) that was also performed on that date. Therefore, it was not medically necessary to perform this testing twice on the same date of service.

The work hardening services, with additional hours of work hardening, (CPT codes 97545-WH-AP and 97546-WH-AP), for dates of service 1/7/03 through 2/17/03 are denied because the records submitted failed to substantiate that the doctor performed an appropriate physical examination on ____ that would justify the medical necessity of this program, or that the patient was even a good candidate for the program.

Further, the office visits (99213) for dates of service 12/4/02 through 12/18/02 are denied because the diagnosis submitted did not support the medical necessity that such a high level Evaluation and Management service be performed on each patient encounter.

Finally, for all practical purposes, no actual treatment records were supplied since the daily progress notes were computer generated, essentially verbatim from day to day and practically super imposable upon each other. Therefore, there is no documentation to support the medical necessity for the therapeutic procedures (97110) and the therapeutic activities (97530) from dates of service 12/4/02 through 12/18/02.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of May 2004.